

**Please remember:**

- ♦ You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
  - If you are requesting reduced rates for **two T1 lines**, you must submit **two** Forms 466.
  - If you are requesting reduced rates for **two ISDN lines & one Frame Relay line**, you must submit **three** Forms 466.
- ♦ **If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.**
- ♦ **You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.**
- ♦ This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- ♦ If the service described on this form changes (e.g., rate change) during the funding year, **you must notify RHCD immediately** and submit a revised Form 466.
- ♦ If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [pra@fcc.gov](mailto:pra@fcc.gov). PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal.  
<https://forms.universalservice.org/usaclogin/login.asp>

Area Mental Health Ctr – Garden City  
1111 E Spruce St  
Garden City, KS 67846

**Evergreen Status – RHC# 886024**

HCP:	13717
Cox Communications Kansas	143006715
Acct #	001 1016 06301 4301

**10M Metro Ethernet          25.L9XX078132.COXC**

**Rural Rate:**

Metro E-10M          \$475.00

**Urban Rate:**

\$464.50(\$214.50+255.00)

**SA: 111 E Spruce St. Garden City KS 67846**  
**End: 531 Campus View, Garden City KS 67846**



(NOT FOR PAYMENTS)  
DEPARTMENT # 102432

PO BOX 1259  
OAKS, PA 19456

6400 0090 NO RP 21 04222017 NNNNNNNN 01 014803 0054

COMPASS BEHAVIORAL HEALTH  
1111 E SPRUCE ST  
GARDEN CITY KS 67846-5958



April 21, 2017

**CONTACT US:** [www.coxbusiness.com](http://www.coxbusiness.com)

800-620-6196

Account Number

001 1016 063014301

COX PIN

3168

SERVICE ADDRESS

APT MAIN

1111 E SPRUCE ST

GARDEN CITY, KS 67846-5958



### Account Summary as of Apr 21, 2017

Previous Balance - \$47,154.21

Remaining Previous Balance - \$47,154.21

#### New Charges: Apr 22, 2017 - May 21, 2017

TV \$61.44

Internet \$1,724.95

Telephone \$5,875.00

Taxes, Fees and Surcharges \$1,008.15

New Charges \$8,669.54

**Credit Amount - \$38,484.67**



#### Make Your Life Easier and GO GREEN!

With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account *online* any time, all while saving trees! Sign up today at [www.coxbusiness.com/myaccount/](http://www.coxbusiness.com/myaccount/)

April 21, 2017 bill for COMPASS BEHAVIORAL HEALTH

Account Number 001 1016 063014301

Service at

APT MAIN

1111 E SPRUCE ST

GARDEN CITY, KS 67846-5958

\*\*\*Credit Balance - Do Not Pay\*\*\*

**Credit Amount**

**-\$38,484.67**

COX BUSINESS

PO BOX 248871

OKLAHOMA CITY OK 73124-8871



01016001580063014301013848467

April 21, 2017 Bill for COMPASS BEHAVIORAL  
HEALTH

Account number 001 1016 063014301

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Acct # 063014301 COMPASS BEHAVIORAL HEALTH  
APT MAIN  
1111 E SPRUCE ST  
GARDEN CITY, KS 67846-5958

**MONTHLY SERVICES** Apr 22 - May 21**TV**

Business TV Faith & Values Pak	\$0.00
Cox Business TV Starter	33.00
Business TV Waiting Room	9.95
Cox Business Advanced TV	5.99
Business Advanced TV Receiver	8.50

**Other Fees and Surcharges**

Broadcast Surcharge	\$4.00
<b>Total TV</b>	<b>\$61.44</b>

**INTERNET**

Cox Optical Internet 50 Mbps	\$1,595.00
Internet Circuit Component	
Occurrence: 005	
ID: 25.HMXX.077672..COXC.	
Description: 50 Mbps COI	
<b>Total Internet</b>	<b>\$1,595.00</b>

**TELEPHONE**

Circuit Occurrence: 002  
Circuit 25.L9XX.078226..COXC.  
Circuit Description: Metro E-40Mb UNI  
Metro E-40MB UNI Interstate \$1,300.00  
Circuit Occurrence: 003  
Circuit 25.CUXX.077889..COXC.  
Circuit Description: Metro E-10Mb EVC  
Metro E-EVC Interstate 0.00

**Monthly Services cont.**

Circuit Occurrence: 004

Circuit 25.CUXX.077935.002.COXC

Circuit Description: Metro E-40Mb EVC

Metro E-EVC Interstate	0.00
<b>Total Telephone</b>	<b>\$1,300.00</b>

<b>TOTAL MONTHLY SERVICES</b>	<b>\$2,956.44</b>
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**Taxes, Fees and Surcharges****TV and/or Internet Taxes and Fees**

FCC Fees	\$0.08
Franchise Fee	3.07
<b>Total TV and/or Internet Taxes and Fees</b>	<b>\$3.15</b>

**Telephone Taxes, Fees and Surcharges**

<b>Fees and Surcharges</b>	
Federal Universal Service Fund	\$226.20
<b>Total Fees and Surcharges</b>	<b>\$226.20</b>
<b>Total Telephone Taxes, Fees and Surcharges</b>	<b>\$226.20</b>

<b>Total Taxes, Fees and Surcharges</b>	<b>\$229.35</b>
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<b>TOTAL FOR SERVICE ACCOUNT</b>	<b>\$3,185.79</b>
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Acct # 0774165901 COMPASS BEHAVIORAL HEALTH  
3000 N 14TH AVE  
DODGE CITY, KS 67801-2376

**MONTHLY SERVICES** Apr 22 - May 21**TELEPHONE**

Circuit Occurrence: 001  
Circuit 25.L9XX.078207..COXC  
Circuit Description: Metro E-40Mb UNI  
Metro E-40MB UNI Interstate \$1,300.00

**Payment options****Online:** Visit [cox.com](http://cox.com) to register for 24-hour online access or make payments to your account.**Mail:** Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.**Phone:** You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.**In Person:** Visit [www.cox.com/business](http://www.cox.com/business) for a list of Cox Authorized Payment Centers.



April 21, 2017 Bill for COMPASS BEHAVIORAL  
HEALTH

Account number 001 1016 063014301

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#### Monthly Services cont.

Circuit Occurrence: 002

Circuit 25.CUXX.077935.003.COXC

Circuit Description: Metro E-40Mb EVC

Metro E-EVC Interstate 0.00

**Total Telephone \$1,300.00**

**TOTAL MONTHLY SERVICES \$1,300.00**

#### Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund \$226.20

**Total Fees and Surcharges \$226.20**

**Total Telephone Taxes, Fees and Surcharges \$226.20**

**Total Taxes, Fees and Surcharges \$226.20**

**TOTAL FOR SERVICE ACCOUNT \$1,526.20**

Acct # 077256901 AREA MENTAL HEALTH-MAIN  
1312 N 7TH ST  
GARDEN CITY, KS 67846-4406

#### MONTHLY SERVICES Apr 22 - May 21

##### INTERNET

CBI 25-25 Mbps x 5 Mbps \$129.95

**Total Internet \$129.95**

**TOTAL MONTHLY SERVICES \$129.95**

**TOTAL FOR SERVICE ACCOUNT \$129.95**

Acct # 077502801 COMPASS BEHAVIORAL HEALTH  
531 CAMPUS VIEW ST  
GARDEN CITY, KS 67846-7904

#### MONTHLY SERVICES Apr 22 - May 21

##### TELEPHONE

Circuit Occurrence: 001

Circuit 25.L9XX.078132.COXC

Circuit Description: Metro E-10Mb UNI

Metro E-10MB UNI Interstate \$475.00

Circuit Location: 001 531 CAMPUS VIEW ST

Circuit Occurrence: 002

Circuit 25.CUXX.077889..COXC.

Circuit Description: Metro E-10Mb EVC

Metro E-EVC Interstate 0.00

**Total Telephone \$475.00**

**TOTAL MONTHLY SERVICES \$475.00**

#### Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund \$82.65

**Total Fees and Surcharges \$82.65**

#### Taxes, Fees and Surcharges cont.

**Total Telephone Taxes, Fees and Surcharges \$82.65**

**Total Taxes, Fees and Surcharges \$82.65**

**TOTAL FOR SERVICE ACCOUNT \$557.65**

Acct # 077945101 COMPASS BEHAVIORAL HEALTH  
404 N BAUGHMAN ST  
ULYSSES, KS 67880-2058

#### MONTHLY SERVICES Apr 22 - May 21

##### TELEPHONE

Circuit Occurrence: 001

Circuit 25.L9XX.078356.COXC

Circuit Description: Metro E-10Mb UNI

Metro E-10MB UNI Interstate \$1,300.00

Circuit Occurrence: 002

Circuit 25.CUXX.077935.005.COXC.

Circuit Description: Metro E-10Mb UNI

Metro E-EVC Interstate 0.00

**Total Telephone \$1,300.00**

**TOTAL MONTHLY SERVICES \$1,300.00**

#### Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund \$226.20

**Total Fees and Surcharges \$226.20**

**Total Telephone Taxes, Fees and Surcharges \$226.20**

**Total Taxes, Fees and Surcharges \$226.20**

**TOTAL FOR SERVICE ACCOUNT \$1,526.20**

Acct # 083501301 COMPASS BEHAVIORAL HEALTH  
204 S COLLEGE  
SCOTT CITY, KS 67871-4125

#### MONTHLY SERVICES Apr 22 - May 21

##### TELEPHONE

Circuit Occurrence: 001

Circuit 25.L9XX.080089..COXC.

Circuit Description: 10Mb Metro E UNI Type 2

Metro E-10MB UNI Intrastate \$1,500.00

Circuit Occurrence: 002

Circuit 25.CUXX.077935.007.COXC.

Circuit Description: 10Mb Metro E EVC Type 2

Metro E-EVC Intrastate 0.00

**Total Telephone \$1,500.00**

**TOTAL MONTHLY SERVICES \$1,500.00**

#### Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Taxes

April 21, 2017 Bill for COMPASS BEHAVIORAL  
HEALTH

Account number 001 1016 063014301

Page 4 of 4

#### Taxes, Fees and Surcharges cont.

County Tax	\$30.00
Local Sales Tax	7.50
Sales Tax	97.50
<b>Total Taxes</b>	<b>\$135.00</b>
<b>Fees and Surcharges</b>	
State Universal Service Fund	\$108.75
<b>Total Fees and Surcharges</b>	<b>\$108.75</b>
<b>Total Telephone Taxes, Fees and Surcharges</b>	<b>\$243.75</b>
<b>Total Taxes, Fees and Surcharges</b>	<b>\$243.75</b>
<b>TOTAL FOR SERVICE ACCOUNT</b>	<b>\$1,743.75</b>
<b>TOTAL NEW CHARGES</b>	<b>\$8,669.54</b>

#### Customer Information cont.

If you dispute any 900 or 700 information service charges, you may be entitled to a credit. You must request this credit by calling or writing Cox Communications within 30 days of receipt of this bill. Pending review, you may withhold payment of the disputed amount and collection of those charges will be suspended. You have the right to not be billed for interstate 900 calls that violate federal law. You may request blocking of 900 services. You may be blocked from calling a 900 number for failure to pay legitimate 900 call charges and the information service provider may seek collection of those charges.

#### Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.



#### CUSTOMER INFORMATION

##### Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

**Closed Captioning:** If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

**Basic Local Telephone Service:** You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

##### 911 Services

If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will *not* be available.

Please review the following website for additional important information about Cox's 911 practices:

<http://www2.cox.com/business/voice/regulatory.cox>

Pay Per Call Charges



(NOT FOR PAYMENTS)  
DEPARTMENT # 102432  
PO BOX 1259  
OAKS, PA 19456  
6400 0090 NO RP 21 04222017 NNNNNNNN 01 014803 0054



COMPASS BEHAVIORAL HEALTH  
1111 E SPRUCE ST  
GARDEN CITY KS 67846-5958

Page 1 of 4

April 21, 2017

**CONTACT US:** [www.coxbusiness.com](http://www.coxbusiness.com)  
 800-620-6196

Account Number **001 1016 063014301**  
COX PIN 3168  
SERVICE ADDRESS APT MAIN  
1111 E SPRUCE ST  
GARDEN CITY, KS 67846-5958



### Account Summary as of Apr 21, 2017

Previous Balance	-\$47,154.21
<b>Remaining Previous Balance</b>	-\$47,154.21
<b>New Charges: Apr 22, 2017 - May 21, 2017</b>	
TV	\$61.44
Internet	\$1,724.95
Telephone	\$5,875.00
Taxes, Fees and Surcharges	\$1,008.15
<b>New Charges</b>	<b>\$8,669.54</b>
<b>Credit Amount</b>	<b>-\$38,484.67</b>



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With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account online any time, all while saving trees! Sign up today at [www.coxbusiness.com/myaccount](http://www.coxbusiness.com/myaccount)

April 21, 2017 bill for COMPASS BEHAVIORAL HEALTH

Account Number 001 1016 063014301  
Service at APT MAIN  
1111 E SPRUCE ST  
GARDEN CITY, KS 67846-5958

\*\*\*Credit Balance - Do Not Pay\*\*\*

**Credit Amount** **-\$38,484.67**

COX BUSINESS  
PO BOX 248871  
OKLAHOMA CITY OK 73124-8871



01016001580063014301013848467



April 21, 2017 Bill for COMPASS BEHAVORAL  
HEALTH

Account number 001 1016 063014301

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Acct # 063014301 COMPASS BEHAVORAL HEALTH  
APT MAIN  
1111 E SPRUCE ST  
GARDEN CITY, KS 67846-5958

**MONTHLY SERVICES** Apr 22 - May 21**TV**

Business TV Faith & Values Pak	\$0.00
Cox Business TV Starter	33.00
Business TV Waiting Room	9.95
Cox Business Advanced TV	5.99
Business Advanced TV Receiver	8.50

**Other Fees and Surcharges**

Broadcast Surcharge	\$4.00
<b>Total TV</b>	<b>\$61.44</b>

**INTERNET**

Cox Optical Internet 50 Mbps	\$1,595.00
Internet Circuit Component	
Occurrence: 005	
ID: 25.HMXX.077672..COXC.	
Description: 50 Mbps COI	
<b>Total Internet</b>	<b>\$1,595.00</b>

**TELEPHONE**

Circuit Occurrence: 002  
Circuit 25.L9XX.078226..COXC.  
Circuit Description: Metro E-40Mb UNI  
Metro E-40MB UNI Interstate \$1,300.00  
Circuit Occurrence: 003  
Circuit 25.CUXX.077889..COXC.  
Circuit Description: Metro E-10Mb EVC  
Metro E-EVC Interstate 0.00

**Monthly Services cont.**

Circuit Occurrence: 004

Circuit 25.CUXX.077935.002.COXC

Circuit Description: Metro E-40Mb EVC

Metro E-EVC Interstate 0.00

<b>Total Telephone</b>	<b>\$1,300.00</b>
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<b>TOTAL MONTHLY SERVICES</b>	<b>\$2,956.44</b>
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**Taxes, Fees and Surcharges****TV and/or Internet Taxes and Fees**

FCC Fees	\$0.08
Franchise Fee	3.07
<b>Total TV and/or Internet Taxes and Fees</b>	<b>\$3.15</b>

**Telephone Taxes, Fees and Surcharges  
Fees and Surcharges**

Federal Universal Service Fund	\$226.20
<b>Total Fees and Surcharges</b>	<b>\$226.20</b>
<b>Total Telephone Taxes, Fees and Surcharges</b>	<b>\$226.20</b>

<b>Total Taxes, Fees and Surcharges</b>	<b>\$229.35</b>
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<b>TOTAL FOR SERVICE ACCOUNT</b>	<b>\$3,185.79</b>
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Acct # 074165901 COMPASS BEHAVORAL HEALTH  
3000 N 14TH AVE  
DODGE CITY, KS 67801-2376

**MONTHLY SERVICES** Apr 22 - May 21**TELEPHONE**

Circuit Occurrence: 001

Circuit 25.L9XX.078207..COXC.

Circuit Description: Metro E-40Mb UNI

Metro E-40MB UNI Interstate \$1,300.00

**Payment options****Online:** Visit [cox.com](http://cox.com) to register for 24-hour online access or make payments to your account.**Mail:** Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.**Phone:** You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.**In Person:** Visit [www.cox.com/business](http://www.cox.com/business) for a list of Cox Authorized Payment Centers.



April 21, 2017 **Bill for COMPASS BEHAVIORAL HEALTH**Account number **001 1016 063014301**

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**Monthly Services cont.**

Circuit Occurrence: 002

Circuit 25.CUXX.077935.003.COXC

Circuit Description: Metro E-40Mb EVC

Metro E-EVC Interstate 0.00

**Total Telephone \$1,300.00****TOTAL MONTHLY SERVICES \$1,300.00****Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges****Fees and Surcharges**

Federal Universal Service Fund \$226.20

**Total Fees and Surcharges \$226.20****Total Telephone Taxes, Fees and Surcharges \$226.20****Total Taxes, Fees and Surcharges \$226.20****TOTAL FOR SERVICE ACCOUNT \$1,526.20**

Acct # 077256901 AREA MENTAL HEALTH-MAIN

1312 N 7TH ST

GARDEN CITY, KS 67846-4406

**MONTHLY SERVICES Apr 22 - May 21****INTERNET**

CBI 25-25 Mbps x 5 Mbps \$129.95

**Total Internet \$129.95****TOTAL MONTHLY SERVICES \$129.95****TOTAL FOR SERVICE ACCOUNT \$129.95**

Acct # 077502801 COMPASS BEHAVIORAL HEALTH

531 CAMPUS VIEW ST

GARDEN CITY, KS 67846-7904

**MONTHLY SERVICES Apr 22 - May 21****TELEPHONE**

Circuit Occurrence: 001

Circuit 25.L9XX.078132..COXC.

Circuit Description: Metro E-10Mb UNI

Metro E-10MB UNI Interstate \$475.00

Circuit Location: 001 531 CAMPUS VIEW ST

Circuit Occurrence: 002

Circuit 25.CUXX.077889..COXC.

Circuit Description: Metro E-10Mb EVC

Metro E-EVC Interstate 0.00

**Total Telephone \$475.00****TOTAL MONTHLY SERVICES \$475.00****Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges****Fees and Surcharges**

Federal Universal Service Fund \$82.65

**Total Fees and Surcharges \$82.65****Taxes, Fees and Surcharges cont.****Total Telephone Taxes, Fees and Surcharges \$82.65****Total Taxes, Fees and Surcharges \$82.65****TOTAL FOR SERVICE ACCOUNT \$557.65**

Acct # 077945101 COMPASS BEHAVIORAL HEALTH

404 N BAUGHMAN ST

ULYSSES, KS 67880-2058

**MONTHLY SERVICES Apr 22 - May 21****TELEPHONE**

Circuit Occurrence: 001

Circuit 25.L9XX.078356..COXC.

Circuit Description: Metro E-10Mb UNI

Metro E-10MB UNI Interstate \$1,300.00

Circuit Occurrence: 002

Circuit 25.CUXX.077935.005.COXC.

Circuit Description: Metro E-10Mb UNI

Metro E-EVC Interstate 0.00

**Total Telephone \$1,300.00****TOTAL MONTHLY SERVICES \$1,300.00****Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges****Fees and Surcharges**

Federal Universal Service Fund \$226.20

**Total Fees and Surcharges \$226.20****Total Telephone Taxes, Fees and Surcharges \$226.20****Total Taxes, Fees and Surcharges \$226.20****TOTAL FOR SERVICE ACCOUNT \$1,526.20**

Acct # 083501301

COMPASS BEHAVIORAL HEALTH

204 S COLLEGE

SCOTT CITY, KS 67871-4125

**MONTHLY SERVICES Apr 22 - May 21****TELEPHONE**

Circuit Occurrence: 001

Circuit 25.L9XX.080089..COXC.

Circuit Description: 10Mb Metro E UNI Type 2

Metro E-10MB UNI Intrastate \$1,500.00

Circuit Occurrence: 002

Circuit 25.CUXX.077935.007.COXC.

Circuit Description: 10Mb Metro E EVC Type 2

Metro E-EVC Intrastate 0.00

**Total Telephone \$1,500.00****TOTAL MONTHLY SERVICES \$1,500.00****Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges****Taxes**



April 21, 2017 Bill for COMPASS BEHAVIORAL  
HEALTH

Account number 001 1016 063014301

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#### Taxes, Fees and Surcharges cont.

County Tax	\$30.00
Local Sales Tax	7.50
Sales Tax	97.50
<b>Total Taxes</b>	<b>\$135.00</b>
<b>Fees and Surcharges</b>	
State Universal Service Fund	\$108.75
<b>Total Fees and Surcharges</b>	<b>\$108.75</b>
<b>Total Telephone Taxes, Fees and Surcharges</b>	<b>\$243.75</b>
<b>Total Taxes, Fees and Surcharges</b>	<b>\$243.75</b>
<b>TOTAL FOR SERVICE ACCOUNT</b>	<b>\$1,743.75</b>
<b>TOTAL NEW CHARGES</b>	<b>\$8,669.54</b>

#### CUSTOMER INFORMATION

##### Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

**Closed Captioning:** If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

**Basic Local Telephone Service:** You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

##### 911 Services

If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will **not** be available.

Please review the following website for additional important information about Cox's 911 practices:

<http://ww2.cox.com/business/voice/regulatory.cox>

##### Pay Per Call Charges

#### Customer Information cont.

If you dispute any 900 or 700 information service charges, you may be entitled to a credit. You must request this credit by calling or writing Cox Communications within 30 days of receipt of this bill. Pending review, you may withhold payment of the disputed amount and collection of those charges will be suspended. You have the right to not be billed for interstate 900 calls that violate federal law. You may request blocking of 900 services. You may be blocked from calling a 900 number for failure to pay legitimate 900 call charges and the information service provider may seek collection of those charges.

#### Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.





# Health Care Providers Universal Service Funding Request and Certification Form

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

**Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.****Block 1: HCP Information**

1 HCP Name Area Mental Health Center - Garden City (E Spruce St)	2 HCP Number 13717
3 Form 465 Application # 43142985	4 Consortium Name (If any)

**Block 2: Bill Payer Information**

5 Billed Entity Name Area Mental Health Center - Garden City	6 Billed Entity FCC RN 0011652294
7 Contact Name Jamie Warren	
8 Address Line 1 1111 East Spruce Street	
9 Address Line 2	
10 City Garden City	11 State KS 12 Zip 67846
13 Contact Phone # 620-227-8566	14 Fax # 15 Email jwarren@areamhc.org

**Block 3: Funding Year Information**

16 Funding Year - Check only one box
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015) <input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016) <input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

**Block 4: Service Information**

17 Type of Service & Circuit Bandwidth (Documentation required) Ethernet 40M
18 Total Billed Miles 0 19 Maximum Allowable Distance (From Form 465)
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Cox Communications			
22 Service Provider Identification Number (SPIN)	143006715			
23 Service Provider Contact Person Name	Reid Frohlick			
24 Service Provider Contact Person's Phone #	620-770-6390			
25 Service Provider Contact Person Email	reid.frohlick@cox.com			
26 Circuit Start Location	1111 E Spruce Street, Garden City KS 67846			
27 Circuit Termination Location	3000 N 14th Ave, Dodge City KS 67801			
28 Billing Account Number	001 1016 06301 4301			
29 Tariff, Contract or other document reference number	798250			
30 Date Contract Signed or Date HCP Selected Carrier	10-30-2014			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	11-19-2017			
32 Service Installation Date	11-20-2014			
33 Actual Rural Rate per Month (Enclose Documentation)	\$1,300			
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.				



IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

**Block 5: Mileage-based Charge Discount Request**

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.

36 Billed Circuit Miles				
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.)				
38 Cost per Mile per Month				

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)

**Block 6: Comprehensive Rate Comparison Request**

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800 453-1546 if you need assistance.

39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/>	\$464.50			

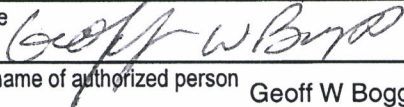
If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.

42 Billed Circuit Miles				
43 Monthly Mileage Based Charges				
44 Cost per Mile per Month				

**Block 7: Bid Documentation**

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? If you checked yes, copies of the bids MUST be submitted to RHCD.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

**Block 8: Certification**

46 <input checked="" type="checkbox"/> I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.	
47 <input checked="" type="checkbox"/> Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.	
48 <input checked="" type="checkbox"/> I hereby certify that the billed entity will maintain complete billing records for the service for five years.	
49 <input checked="" type="checkbox"/> I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.	
50 Signature 	51 Date 7-27-17
52 Printed name of authorized person Geoff W Boggs	53 Title or position of authorized person CEO
54 Employer of authorized person USF Healthcare Consulting, INC.	55 Employer's FCC RN 0018694075



**Please remember:**

- ♦ You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
  - If you are requesting reduced rates for **two** T1 lines, you must submit **two** Forms 466.
  - If you are requesting reduced rates for **two** ISDN lines & **one** Frame Relay line, you must submit **three** Forms 466.
- ♦ **If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.**
- ♦ **You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.**
- ♦ This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- ♦ If the service described on this form changes (e.g., rate change) during the funding year, **you must notify RHCD immediately** and submit a revised Form 466.
- ♦ If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [pra@fcc.gov](mailto:pra@fcc.gov). PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal.  
<https://forms.universalservice.org/usaclogin/login.asp>

**Compass Behavioral Health**

Area Mental Health Ctr – Garden City

1111 E Spruce St

Garden City, KS 67846

Circuit goes to the Central Office then onto 3000 N 14th Av Dodge City, KS 67801 via an additional circuit

**Evergreen Status under RHC # 798250**

HCP:	13717
Cox Communications Kansas	143006715
Acct #	001 1016 06301 4301

40M Metro Ethernet      25.L9XX.078226..COXC

Rural Rate:      \$1300.00

Urban Rate:      \$464.50 (\$214.50+\$255.00)

**URBAN RATE – AT&T 36 month Switched Ethernet Contract**



(NOT FOR PAYMENTS)  
DEPARTMENT # 102432  
PO BOX 1259  
OAKS, PA 19456  
6400 0090 NO RP 21 04222017 NNNNNNNN 01 014803 0054

COMPASS BEHAVIORAL HEALTH  
1111 E SPRUCE ST  
GARDEN CITY KS 67846-5958



April 21, 2017

**CONTACT US:** [www.coxbusiness.com](http://www.coxbusiness.com)  
 800-620-6196

Page 1 of 4

Account Number **001 1016 063014301**  
COX PIN 3168  
SERVICE ADDRESS APT MAIN  
1111 E SPRUCE ST  
GARDEN CITY, KS 67846-5958



### Account Summary as of Apr 21, 2017

Previous Balance	-\$47,154.21
<b>Remaining Previous Balance</b>	-\$47,154.21
<b>New Charges: Apr 22, 2017 - May 21, 2017</b>	
TV	\$61.44
Internet	\$1,724.95
Telephone	\$5,875.00
Taxes, Fees and Surcharges	\$1,008.15
<b>New Charges</b>	<b>\$8,669.54</b>
<b>Credit Amount</b>	<b>-\$38,484.67</b>



**Make Your Life Easier and GO GREEN!**  
With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add **Paperless Billing** and you get rid of paper bills and can access your account **online** any time, all while saving trees! Sign up today at [www.coxbusiness.com/myaccount](http://www.coxbusiness.com/myaccount)

April 21, 2017 bill for COMPASS BEHAVIORAL HEALTH  
Account Number 001 1016 063014301  
Service at APT MAIN  
1111 E SPRUCE ST  
GARDEN CITY, KS 67846-5958

\*\*\*Credit Balance - Do Not Pay\*\*\*

**Credit Amount** **-\$38,484.67**

COX BUSINESS  
PO BOX 248871  
OKLAHOMA CITY OK 73124-8871



01016001580063014301013848467



April 21, 2017 Bill for COMPASS BEHAVORAL  
HEALTH

Account number 001 1016 063014301

Page 2 of 4

Acct # 063014301 COMPASS BEHAVORAL HEALTH  
APT MAIN  
1111 E SPRUCE ST  
GARDEN CITY, KS 67846-5958

**MONTHLY SERVICES** Apr 22 - May 21**TV**

Business TV Faith & Values Pak	\$0.00
Cox Business TV Starter	33.00
Business TV Waiting Room	9.95
Cox Business Advanced TV	5.99
Business Advanced TV Receiver	8.50

**Other Fees and Surcharges**

Broadcast Surcharge	\$4.00
<b>Total TV</b>	<b>\$61.44</b>

**INTERNET**

Cox Optical Internet 50 Mbps	\$1,595.00
Internet Circuit Component	
Occurrence: 005	
ID: 25.HMXX.077672..COXC.	
Description: 50 Mbps COI	
<b>Total Internet</b>	<b>\$1,595.00</b>

**TELEPHONE**

Circuit Occurrence: 002  
Circuit 25.L9XX.078226..COXC.  
Circuit Description: Metro E-40Mb UNI  
Metro E-40MB UNI Interstate \$1,300.00  
Circuit Occurrence: 003  
Circuit 25.CUXX.077889..COXC.  
Circuit Description: Metro E-10Mb EVC  
Metro E-EVC Interstate 0.00

**Monthly Services cont.**

Circuit Occurrence: 004

Circuit 25.CUXX.077935.002.COXC

Circuit Description: Metro E-40Mb EVC

Metro E-EVC Interstate	0.00
<b>Total Telephone</b>	<b>\$1,300.00</b>

<b>TOTAL MONTHLY SERVICES</b>	<b>\$2,956.44</b>
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**Taxes, Fees and Surcharges****TV and/or Internet Taxes and Fees**

FCC Fees	\$0.08
Franchise Fee	3.07
<b>Total TV and/or Internet Taxes and Fees</b>	<b>\$3.15</b>

**Telephone Taxes, Fees and Surcharges  
Fees and Surcharges**

Federal Universal Service Fund	\$226.20
<b>Total Fees and Surcharges</b>	<b>\$226.20</b>
<b>Total Telephone Taxes, Fees and Surcharges</b>	<b>\$226.20</b>

<b>Total Taxes, Fees and Surcharges</b>	<b>\$229.35</b>
---	-----------------

<b>TOTAL FOR SERVICE ACCOUNT</b>	<b>\$3,185.79</b>
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Acct # 074165901 COMPASS BEHAVORAL HEALTH  
3000 N 14TH AVE  
DODGE CITY, KS 67801-2376

**MONTHLY SERVICES** Apr 22 - May 21**TELEPHONE**

Circuit Occurrence: 001  
Circuit 25.L9XX.078207..COXC.  
Circuit Description: Metro E-40Mb UNI  
Metro E-40MB UNI Interstate \$1,300.00

**Payment options****Online:** Visit [cox.com](http://cox.com) to register for 24-hour online access or make payments to your account.**Mail:** Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.**Phone:** You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.**In Person:** Visit [www.cox.com/business](http://www.cox.com/business) for a list of Cox Authorized Payment Centers.



April 21, 2017 Bill for COMPASS BEHAVIORAL HEALTH

Account number 001 1016 063014301

Page 3 of 4

**Monthly Services cont.**

Circuit Occurrence: 002

Circuit 25.CUXX.077935.003.COXC

Circuit Description: Metro E-40Mb EVC

Metro E-EVC Interstate 0.00

**Total Telephone \$1,300.00****TOTAL MONTHLY SERVICES \$1,300.00****Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges****Fees and Surcharges**

Federal Universal Service Fund \$226.20

**Total Fees and Surcharges \$226.20****Total Telephone Taxes, Fees and Surcharges \$226.20****Total Taxes, Fees and Surcharges \$226.20****TOTAL FOR SERVICE ACCOUNT \$1,526.20**Acct # 077256901 AREA MENTAL HEALTH-MAIN  
1312 N 7TH ST  
GARDEN CITY, KS 67846-4406**MONTHLY SERVICES Apr 22 - May 21****INTERNET**

CBI 25-25 Mbps x 5 Mbps \$129.95

**Total Internet \$129.95****TOTAL MONTHLY SERVICES \$129.95****TOTAL FOR SERVICE ACCOUNT \$129.95**Acct # 077502801 COMPASS BEHAVIORAL HEALTH  
531 CAMPUS VIEW ST  
GARDEN CITY, KS 67846-7904**MONTHLY SERVICES Apr 22 - May 21****TELEPHONE**

Circuit Occurrence: 001

Circuit 25.L9XX.078132..COXC.

Circuit Description: Metro E-10Mb UNI

Metro E-10MB UNI Interstate \$475.00

Circuit Location: 001 531 CAMPUS VIEW ST

Circuit Occurrence: 002

Circuit 25.CUXX.077889..COXC.

Circuit Description: Metro E-10Mb EVC

Metro E-EVC Interstate 0.00

**Total Telephone \$475.00****TOTAL MONTHLY SERVICES \$475.00****Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges****Fees and Surcharges**

Federal Universal Service Fund \$82.65

**Total Fees and Surcharges \$82.65****Taxes, Fees and Surcharges cont.****Total Telephone Taxes, Fees and Surcharges \$82.65****Total Taxes, Fees and Surcharges \$82.65****TOTAL FOR SERVICE ACCOUNT \$557.65**Acct # 077945101 COMPASS BEHAVIORAL HEALTH  
404 N BAUGHMAN ST  
ULYSSES, KS 67880-2058**MONTHLY SERVICES Apr 22 - May 21****TELEPHONE**

Circuit Occurrence: 001

Circuit 25.L9XX.078356..COXC.

Circuit Description: Metro E-10Mb UNI

Metro E-10MB UNI Interstate \$1,300.00

Circuit Occurrence: 002

Circuit 25.CUXX.077935.005.COXC.

Circuit Description: Metro E-10Mb UNI

Metro E-EVC Interstate 0.00

**Total Telephone \$1,300.00****TOTAL MONTHLY SERVICES \$1,300.00****Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges****Fees and Surcharges**

Federal Universal Service Fund \$226.20

**Total Fees and Surcharges \$226.20****Total Telephone Taxes, Fees and Surcharges \$226.20****Total Taxes, Fees and Surcharges \$226.20****TOTAL FOR SERVICE ACCOUNT \$1,526.20**Acct # 083501301 COMPASS BEHAVIORAL HEALTH  
204 S COLLEGE  
SCOTT CITY, KS 67871-4125**MONTHLY SERVICES Apr 22 - May 21****TELEPHONE**

Circuit Occurrence: 001

Circuit 25.L9XX.080089..COXC.

Circuit Description: 10Mb Metro E UNI Type 2

Metro E-10MB UNI Intrastate \$1,500.00

Circuit Occurrence: 002

Circuit 25.CUXX.077935.007.COXC.

Circuit Description: 10Mb Metro E EVC Type 2

Metro E-EVC Intrastate 0.00

**Total Telephone \$1,500.00****TOTAL MONTHLY SERVICES \$1,500.00****Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges****Taxes**



April 21, 2017 **Bill for COMPASS BEHAVIORAL  
HEALTH**

Account number **001 1016 063014301**

Page 4 of 4

**Taxes, Fees and Surcharges cont.**

County Tax	\$30.00
Local Sales Tax	7.50
Sales Tax	97.50
<b>Total Taxes</b>	<b>\$135.00</b>
<b>Fees and Surcharges</b>	
State Universal Service Fund	\$108.75
<b>Total Fees and Surcharges</b>	<b>\$108.75</b>
<b>Total Telephone Taxes, Fees and Surcharges</b>	<b>\$243.75</b>
<b>Total Taxes, Fees and Surcharges</b>	<b>\$243.75</b>
<b>TOTAL FOR SERVICE ACCOUNT</b>	<b>\$1,743.75</b>
<b>TOTAL NEW CHARGES</b>	<b>\$8,669.54</b>

**Customer Information cont.**

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When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

**Closed Captioning:** If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

**Basic Local Telephone Service:** You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

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If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will *not* be available.

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<http://www2.cox.com/business/voice/regulatory.cox>

**Pay Per Call Charges**



(NOT FOR PAYMENTS)  
DEPARTMENT # 102432

PO BOX 1259  
OAKS, PA 19456

6400 0090 NO RP 21 04222017 NNNNNNNN 01 014803 0054

COMPASS BEHAVIORAL HEALTH  
1111 E SPRUCE ST  
GARDEN CITY KS 67846-5958



April 21, 2017

**CONTACT US:** [www.coxbusiness.com](http://www.coxbusiness.com)  
 800-620-6196

Account Number **001 1016 063014301**  
COX PIN 3168  
SERVICE ADDRESS APT MAIN  
1111 E SPRUCE ST  
GARDEN CITY, KS 67846-5958



### Account Summary as of Apr 21, 2017

Previous Balance -\$47,154.21

**Remaining Previous Balance** -\$47,154.21

#### New Charges: Apr 22, 2017 - May 21, 2017

TV \$61.44

Internet \$1,724.95

Telephone \$5,875.00

Taxes, Fees and Surcharges \$1,008.15

New Charges \$8,669.54

**Credit Amount** **-\$38,484.67**



#### Make Your Life Easier and GO GREEN!

With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account *online* any time, all while saving trees! Sign up today at [www.coxbusiness.com/myaccount](http://www.coxbusiness.com/myaccount)

April 21, 2017 bill for COMPASS BEHAVIORAL HEALTH

Account Number 001 1016 063014301

Service at APT MAIN  
1111 E SPRUCE ST  
GARDEN CITY, KS 67846-5958

\*\*\*Credit Balance - Do Not Pay\*\*\*

**Credit Amount** **-\$38,484.67**

COX BUSINESS  
PO BOX 248871  
OKLAHOMA CITY OK 73124-8871



01016001580063014301013848467



April 21, 2017 Bill for COMPASS BEHAVORAL  
HEALTH

Account number 001 1016 063014301

Page 2 of 4

Acct # 063014301 COMPASS BEHAVORAL HEALTH  
APT MAIN  
1111 E SPRUCE ST  
GARDEN CITY, KS 67846-5958

**MONTHLY SERVICES** Apr 22 - May 21

**TV**

Business TV Faith & Values Pak	\$0.00
Cox Business TV Starter	33.00
Business TV Waiting Room	9.95
Cox Business Advanced TV	5.99
Business Advanced TV Receiver	8.50

**Other Fees and Surcharges**

Broadcast Surcharge	\$4.00
<b>Total TV</b>	<b>\$61.44</b>

**INTERNET**

Cox Optical Internet 50 Mbps	\$1,595.00
Internet Circuit Component	
Occurrence: 005	
ID: 25.HMXX.077672..COXC.	
Description: 50 Mbps COI	
<b>Total Internet</b>	<b>\$1,595.00</b>

**TELEPHONE**

Circuit Occurrence: 002  
Circuit 25.L9XX.078226..COXC.  
Circuit Description: Metro E-40Mb UNI  
Metro E-40MB UNI Interstate \$1,300.00  
Circuit Occurrence: 003  
Circuit 25.CUXX.077889..COXC.  
Circuit Description: Metro E-10Mb EVC  
Metro E-EVC Interstate 0.00

**Monthly Services cont.**

Circuit Occurrence: 004

Circuit 25.CUXX.077935.002.COXC

Circuit Description: Metro E-40Mb EVC

Metro E-EVC Interstate 0.00

**Total Telephone \$1,300.00**

**TOTAL MONTHLY SERVICES \$2,956.44**

**Taxes, Fees and Surcharges**

**TV and/or Internet Taxes and Fees**

FCC Fees	\$0.08
Franchise Fee	3.07
<b>Total TV and/or Internet Taxes and Fees</b>	<b>\$3.15</b>

**Telephone Taxes, Fees and Surcharges  
Fees and Surcharges**

Federal Universal Service Fund	\$226.20
<b>Total Fees and Surcharges</b>	<b>\$226.20</b>
<b>Total Telephone Taxes, Fees and Surcharges</b>	<b>\$226.20</b>

**Total Taxes, Fees and Surcharges \$229.35**

**TOTAL FOR SERVICE ACCOUNT \$3,185.79**

Acct # 074165901 COMPASS BEHAVORAL HEALTH  
3000 N 14TH AVE  
DODGE CITY, KS 67801-2376

**MONTHLY SERVICES** Apr 22 - May 21

**TELEPHONE**

Circuit Occurrence: 001

Circuit 25.L9XX.078207..COXC.

Circuit Description: Metro E-40Mb UNI

Metro E-40MB UNI Interstate \$1,300.00



**Payment options**

**Online:** Visit [cox.com](http://cox.com) to register for 24-hour online access or make payments to your account.

**Mail:** Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

**Phone:** You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

**In Person:** Visit [www.cox.com/business](http://www.cox.com/business) for a list of Cox Authorized Payment Centers.





April 21, 2017 Bill for COMPASS BEHAVIORAL  
HEALTH

Account number 001 1016 063014301

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#### Monthly Services cont.

Circuit Occurrence: 002

Circuit 25.CUXX.077935.003.COXC

Circuit Description: Metro E-40Mb EVC

Metro E-EVC Interstate 0.00

**Total Telephone \$1,300.00**

**TOTAL MONTHLY SERVICES \$1,300.00**

#### Taxes, Fees and Surcharges

##### Telephone Taxes, Fees and Surcharges

##### Fees and Surcharges

Federal Universal Service Fund \$226.20

**Total Fees and Surcharges \$226.20**

**Total Telephone Taxes, Fees and Surcharges \$226.20**

**Total Taxes, Fees and Surcharges \$226.20**

**TOTAL FOR SERVICE ACCOUNT \$1,526.20**

Acct # 077256901 AREA MENTAL HEALTH-MAIN  
1312 N 7TH ST  
GARDEN CITY, KS 67846-4406

#### MONTHLY SERVICES Apr 22 - May 21

#### INTERNET

CBI 25-25 Mbps x 5 Mbps \$129.95

**Total Internet \$129.95**

**TOTAL MONTHLY SERVICES \$129.95**

**TOTAL FOR SERVICE ACCOUNT \$129.95**

Acct # 077502801 COMPASS BEHAVIORAL HEALTH  
531 CAMPUS VIEW ST  
GARDEN CITY, KS 67846-7904

#### MONTHLY SERVICES Apr 22 - May 21

#### TELEPHONE

Circuit Occurrence: 001

Circuit 25.L9XX.078132..COXC.

Circuit Description: Metro E-10Mb UNI

Metro E-10MB UNI Interstate \$475.00

Circuit Location: 001 531 CAMPUS VIEW ST

Circuit Occurrence: 002

Circuit 25.CUXX.077889..COXC.

Circuit Description: Metro E-10Mb EVC

Metro E-EVC Interstate 0.00

**Total Telephone \$475.00**

**TOTAL MONTHLY SERVICES \$475.00**

#### Taxes, Fees and Surcharges

##### Telephone Taxes, Fees and Surcharges

##### Fees and Surcharges

Federal Universal Service Fund \$82.65

**Total Fees and Surcharges \$82.65**

#### Taxes, Fees and Surcharges cont.

**Total Telephone Taxes, Fees and Surcharges \$82.65**

**Total Taxes, Fees and Surcharges \$82.65**

**TOTAL FOR SERVICE ACCOUNT \$557.65**

Acct # 077945101 COMPASS BEHAVIORAL HEALTH  
404 N BAUGHMAN ST  
ULYSSES, KS 67880-2058

#### MONTHLY SERVICES Apr 22 - May 21

#### TELEPHONE

Circuit Occurrence: 001

Circuit 25.L9XX.078356..COXC.

Circuit Description: Metro E-10Mb UNI

Metro E-10MB UNI Interstate \$1,300.00

Circuit Occurrence: 002

Circuit 25.CUXX.077935.005.COXC.

Circuit Description: Metro E-10Mb UNI

Metro E-EVC Interstate 0.00

**Total Telephone \$1,300.00**

**TOTAL MONTHLY SERVICES \$1,300.00**

#### Taxes, Fees and Surcharges

##### Telephone Taxes, Fees and Surcharges

##### Fees and Surcharges

Federal Universal Service Fund \$226.20

**Total Fees and Surcharges \$226.20**

**Total Telephone Taxes, Fees and Surcharges \$226.20**

**Total Taxes, Fees and Surcharges \$226.20**

**TOTAL FOR SERVICE ACCOUNT \$1,526.20**

Acct # 083501301 COMPASS BEHAVIORAL HEALTH  
204 S COLLEGE  
SCOTT CITY, KS 67871-4125

#### MONTHLY SERVICES Apr 22 - May 21

#### TELEPHONE

Circuit Occurrence: 001

Circuit 25.L9XX.080089..COXC.

Circuit Description: 10Mb Metro E UNI Type 2

Metro E-10MB UNI Intrastate \$1,500.00

Circuit Occurrence: 002

Circuit 25.CUXX.077935.007.COXC.

Circuit Description: 10Mb Metro E EVC Type 2

Metro E-EVC Intrastate 0.00

**Total Telephone \$1,500.00**

**TOTAL MONTHLY SERVICES \$1,500.00**

#### Taxes, Fees and Surcharges

##### Telephone Taxes, Fees and Surcharges

##### Taxes

April 21, 2017 Bill for COMPASS BEHAVIORAL  
HEALTH

Account number 001 1016 063014301

Page 4 of 4

**Taxes, Fees and Surcharges cont.**

County Tax	\$30.00
Local Sales Tax	7.50
Sales Tax	97.50
<b>Total Taxes</b>	<b>\$135.00</b>

**Fees and Surcharges**

State Universal Service Fund	\$108.75
<b>Total Fees and Surcharges</b>	<b>\$108.75</b>

<b>Total Telephone Taxes, Fees and Surcharges</b>	<b>\$243.75</b>
---	-----------------

<b>Total Taxes, Fees and Surcharges</b>	<b>\$243.75</b>
---	-----------------

<b>TOTAL FOR SERVICE ACCOUNT</b>	<b>\$1,743.75</b>
----------------------------------	-------------------

<b>TOTAL NEW CHARGES</b>	<b>\$8,669.54</b>
--------------------------	-------------------

**Customer Information cont.**

If you dispute any 900 or 700 information service charges, you may be entitled to a credit. You must request this credit by calling or writing Cox Communications within 30 days of receipt of this bill. Pending review, you may withhold payment of the disputed amount and collection of those charges will be suspended. You have the right to not be billed for interstate 900 calls that violate federal law. You may request blocking of 900 services. You may be blocked from calling a 900 number for failure to pay legitimate 900 call charges and the information service provider may seek collection of those charges.

**Billing Dispute and Resolution**

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.

**CUSTOMER INFORMATION****Billing, Payment Policies and Fees:**

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

**Closed Captioning:** If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

**Basic Local Telephone Service:** You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

**911 Services**

If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will *not* be available.

Please review the following website for additional important information about Cox's 911 practices:

<http://www2.cox.com/business/voice/regulatory.cox>

**Pay Per Call Charges**

# Health Care Providers Universal Service Funding Request and Certification Form

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

**Read Instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.****Block 1: HCP Information**

1 HCP Name 14677	2 HCP Number 14677
3 Form 465 Application # 43163638	4 Consortium Name (If any)

**Block 2: Bill Payer Information**

5 Billed Entity Name Area Mental Health Center - Ulysses	6 Billed Entity FCC RN 0011652294
7 Contact Name Jamie Warren	
8 Address Line 1 404 North Baughman Street	
9 Address Line 2	
10 City Ulysses	11 State KS 12 Zip 67880
13 Contact Phone # 620-275-0625	14 Fax # 620-275-7908 15 Email jwarren@areamhc.org

**Block 3: Funding Year Information**

16 Funding Year - Check only one box		
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)	<input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

**Block 4: Service Information**

17 Type of Service & Circuit Bandwidth (Documentation required) Ethernet 10M	
18 Total Billed Miles 0	19 Maximum Allowable Distance (From Form 465)
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.	

Connection Information		Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Cox				
22 Service Provider Identification Number (SPIN)	143006715				
23 Service Provider Contact Person Name	Reid Frohlick				
24 Service Provider Contact Person's Phone #	620-770-6390				
25 Service Provider Contact Person Email	reid.frohlick@cox.com				
26 Circuit Start Location	404 N Baughman, Ulysses, KS 67880				
27 Circuit Termination Location	1111 E Spruce St, Garden City KS 67848				
28 Billing Account Number	001 1016 06301 4301				
29 Tariff, Contract or other document reference number	798250				
30 Date Contract Signed or Date HCP Selected Carrier	10-30-2014				
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	11-19-2017				
32 Service Installation Date	11-20-14				
33 Actual Rural Rate per Month (Enclose Documentation)	1,300				
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.					

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

**Block 5: Mileage-based Charge Discount Request**

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information

36 Billed Circuit Miles				
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.)				
38 Cost per Mile per Month				

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)

**Block 6: Comprehensive Rate Comparison Request**

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800) 453-1546 if you need assistance.

39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/>	\$464.50			

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.

42 Billed Circuit Miles				
43 Monthly Mileage Based Charges				
44 Cost per Mile per Month				

**Block 7: Bid Documentation**

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? ☐ Yes ☒ No  
If you checked yes, copies of the bids MUST be submitted to RHCD.

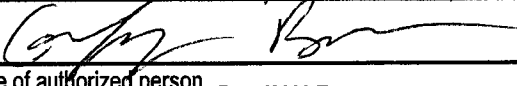
**Block 8: Certification**

46 ☒ I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 ☒ Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 ☒ I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 ☒ I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature 	51 Date 7-27-17
52 Printed name of authorized person Geoff W Boggs	53 Title or position of authorized person CEO
54 Employer of authorized person USF Healthcare Consulting, INC.	55 Employer's FCC RN 0018694075

**Please remember:**

- ♦ You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
  - If you are requesting reduced rates for two T1 lines, you must submit **two** Forms 466.
  - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit **three** Forms 466.
- ♦ If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- ♦ You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- ♦ This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- ♦ If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately and submit a revised Form 466.
- ♦ If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [pra@fcc.gov](mailto:pra@fcc.gov). PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal.  
<https://forms.universalservice.org/usaclogin/login.asp>

**Compass Behavioral Health**

Area Mental Health Ctr – Ulysses

404 N Baughman

Ulysses, KS 67880

**Circuit runs to Central Office in Garden City then onto 1111 E Spruce St Garden City, KS 67846 via an additional circuit**

**Evergreen Status under contract – RHC# 798250**

HCP: 14677

Cox Kansas Telecom 143006715

Acct # 001 1016 06301 4301

**10M Metro Ethernet ID: 25.L9XX.078356.COXC**

**Rural Rate: \$1300.00**

**Urban Rate: \$464.50**

**Urban Rate – 36 month AT&T Switched Ethernet contract**



(NOT FOR PAYMENTS)

DEPARTMENT # 102432

PO BOX 1259

OAKS, PA 19456

6400 0090 NO RP 21 04222017 NNNNNNNN 01 014803 0054

COMPASS BEHAVIORAL HEALTH

1111 E SPRUCE ST

GARDEN CITY KS 67846-5958



April 21, 2017

CONTACT US: www.coxbusiness.com

800-620-6196

Account Number

001 1016 063014301

COX PIN

3168

SERVICE ADDRESS

APT MAIN

1111 E SPRUCE ST

GARDEN CITY, KS 67846-5958

**Account Summary as of Apr 21, 2017**

Previous Balance -\$47,154.21

Remaining Previous Balance -\$47,154.21

**New Charges: Apr 22, 2017 - May 21, 2017**

TV \$61.44

Internet \$1,724.95

Telephone \$5,875.00

Taxes, Fees and Surcharges \$1,008.15

New Charges \$8,669.54

**Credit Amount -\$38,484.67**

Make Your Life Easier and GO GREEN!

With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account online any time, all while saving trees! Sign up today at [www.coxbusiness.com/myaccount](http://www.coxbusiness.com/myaccount)

April 21, 2017 bill for COMPASS BEHAVIORAL HEALTH

Account Number 001 1016 063014301

Service at

APT MAIN

1111 E SPRUCE ST

GARDEN CITY, KS 67846-5958

\*\*\*Credit Balance - Do Not Pay\*\*\*

**Credit Amount****-\$38,484.67**

COX BUSINESS

PO BOX 248871

OKLAHOMA CITY OK 73124-8871



01016001580063014301013848467



April 21, 2017 Bill for COMPASS BEHAVORAL  
HEALTH

Account number 001 1016 063014301

Page 2 of 4

Acct # 063014301 COMPASS BEHAVORAL HEALTH  
APT MAIN  
1111 E SPRUCE ST  
GARDEN CITY, KS 67846-5958

**Monthly Services cont.**

Circuit Occurrence: 004

Circuit 25.CUXX.077935.002.COXC

Circuit Description: Metro E-40Mb EVC

Metro E-EVC Interstate 0.00

**Total Telephone \$1,300.00**

**TOTAL MONTHLY SERVICES \$2,956.44**

**MONTHLY SERVICES Apr 22 - May 21**

**TV**

Business TV Faith & Values Pak	\$0.00
Cox Business TV Starter	33.00
Business TV Waiting Room	9.95
Cox Business Advanced TV	5.99
Business Advanced TV Receiver	8.50

**Other Fees and Surcharges**

Broadcast Surcharge \$4.00

**Total TV \$61.44**

**INTERNET**

Cox Optical Internet 50 Mbps \$1,595.00

Internet Circuit Component

Occurrence: 005

ID: 25.HMXX.077672..COXC.

Description: 50 Mbps COI

**Total Internet \$1,595.00**

**TELEPHONE**

Circuit Occurrence: 002

Circuit 25.L9XX.078226..COXC.

Circuit Description: Metro E-40Mb UNI

Metro E-40MB UNI Interstate \$1,300.00

Circuit Occurrence: 003

Circuit 25.CUXX.077889..COXC.

Circuit Description: Metro E-10Mb EVC

Metro E-EVC Interstate 0.00

**Taxes, Fees and Surcharges**

TV and/or Internet Taxes and Fees

FCC Fees \$0.08

Franchise Fee 3.07

**Total TV and/or Internet Taxes and Fees \$3.15**

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund \$226.20

**Total Fees and Surcharges \$226.20**

**Total Telephone Taxes, Fees and Surcharges \$226.20**

**Total Taxes, Fees and Surcharges \$229.35**

**TOTAL FOR SERVICE ACCOUNT \$3,185.79**

Acct # 074165901

COMPASS BEHAVORAL HEALTH

3000 N 14TH AVE

DODGE CITY, KS 67801-2376

**MONTHLY SERVICES Apr 22 - May 21**

**TELEPHONE**

Circuit Occurrence: 001

Circuit 25.L9XX.078207..COXC.

Circuit Description: Metro E-40Mb UNI

Metro E-40MB UNI Interstate \$1,300.00



**Payment options**

**Online:** Visit [cox.com](http://cox.com) to register for 24-hour online access or make payments to your account.

**Mail:** Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

**Phone:** You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

**In Person:** Visit [www.cox.com/business](http://www.cox.com/business) for a list of Cox Authorized Payment Centers.





April 21, 2017 Bill for COMPASS BEHAVIORAL HEALTH

Account number 001 1016 063014301

Page 3 of 4

**Monthly Services cont.**

Circuit Occurrence: 002

Circuit 25.CUXX.077935.003.COXC

Circuit Description: Metro E-40Mb EVC

Metro E-EVC Interstate 0.00

**Total Telephone \$1,300.00****TOTAL MONTHLY SERVICES \$1,300.00****Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges****Fees and Surcharges**

Federal Universal Service Fund \$226.20

**Total Fees and Surcharges \$226.20****Total Telephone Taxes, Fees and Surcharges \$226.20****Total Taxes, Fees and Surcharges \$226.20****TOTAL FOR SERVICE ACCOUNT \$1,526.20**Acct # 077256901 AREA MENTAL HEALTH-MAIN  
1312 N 7TH ST  
GARDEN CITY, KS 67846-4406**MONTHLY SERVICES Apr 22 - May 21****INTERNET**

CBI 25-25 Mbps x 5 Mbps \$129.95

**Total Internet \$129.95****TOTAL MONTHLY SERVICES \$129.95****TOTAL FOR SERVICE ACCOUNT \$129.95**Acct # 077502801 COMPASS BEHAVIORAL HEALTH  
531 CAMPUS VIEW ST  
GARDEN CITY, KS 67846-7904**MONTHLY SERVICES Apr 22 - May 21****TELEPHONE**

Circuit Occurrence: 001

Circuit 25.L9XX.078132.COXC

Circuit Description: Metro E-10Mb UNI

Metro E-10MB UNI Interstate \$475.00

Circuit Location: 001 531 CAMPUS VIEW ST

Circuit Occurrence: 002

Circuit 25.CUXX.077889.COXC

Circuit Description: Metro E-10Mb EVC

Metro E-EVC Interstate 0.00

**Total Telephone \$475.00****TOTAL MONTHLY SERVICES \$475.00****Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges****Fees and Surcharges**

Federal Universal Service Fund \$82.65

**Total Fees and Surcharges \$82.65****Taxes, Fees and Surcharges cont.****Total Telephone Taxes, Fees and Surcharges \$82.65****Total Taxes, Fees and Surcharges \$82.65****TOTAL FOR SERVICE ACCOUNT \$557.65**Acct # 077945101 COMPASS BEHAVIORAL HEALTH  
404 N BAUGHMAN ST  
ULYSSES, KS 67880-2058**MONTHLY SERVICES Apr 22 - May 21****TELEPHONE**

Circuit Occurrence: 001

Circuit 25.L9XX.078356.COXC

Circuit Description: Metro E-10Mb UNI

Metro E-10MB UNI Interstate \$1,300.00

Circuit Occurrence: 002

Circuit 25.CUXX.077935.005.COXC

Circuit Description: Metro E-10Mb UNI

Metro E-EVC Interstate 0.00

**Total Telephone \$1,300.00****TOTAL MONTHLY SERVICES \$1,300.00****Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges****Fees and Surcharges**

Federal Universal Service Fund \$226.20

**Total Fees and Surcharges \$226.20****Total Telephone Taxes, Fees and Surcharges \$226.20****Total Taxes, Fees and Surcharges \$226.20****TOTAL FOR SERVICE ACCOUNT \$1,526.20**Acct # 083501301 COMPASS BEHAVIORAL HEALTH  
204 S COLLEGE  
SCOTT CITY, KS 67871-4125**MONTHLY SERVICES Apr 22 - May 21****TELEPHONE**

Circuit Occurrence: 001

Circuit 25.L9XX.080089.COXC

Circuit Description: 10Mb Metro E UNI Type 2

Metro E-10MB UNI Intrastate \$1,500.00

Circuit Occurrence: 002

Circuit 25.CUXX.077935.007.COXC

Circuit Description: 10Mb Metro E EVC Type 2

Metro E-EVC Intrastate 0.00

**Total Telephone \$1,500.00****TOTAL MONTHLY SERVICES \$1,500.00****Taxes, Fees and Surcharges****Telephone Taxes, Fees and Surcharges****Taxes**

April 21, 2017 Bill for COMPASS BEHAVIORAL  
HEALTH

Account number 001 1016 063014301

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#### Taxes, Fees and Surcharges cont.

County Tax	\$30.00
Local Sales Tax	7.50
Sales Tax	97.50
<b>Total Taxes</b>	<b>\$135.00</b>
<b>Fees and Surcharges</b>	
State Universal Service Fund	\$108.75
<b>Total Fees and Surcharges</b>	<b>\$108.75</b>
<b>Total Telephone Taxes, Fees and Surcharges</b>	<b>\$243.75</b>
<b>Total Taxes, Fees and Surcharges</b>	<b>\$243.75</b>
<b>TOTAL FOR SERVICE ACCOUNT</b>	<b>\$1,743.75</b>
<b>TOTAL NEW CHARGES</b>	<b>\$8,669.54</b>

#### Customer Information cont.

If you dispute any 900 or 700 Information service charges, you may be entitled to a credit. You must request this credit by calling or writing Cox Communications within 30 days of receipt of this bill. Pending review, you may withhold payment of the disputed amount and collection of those charges will be suspended. You have the right to not be billed for Interstate 900 calls that violate federal law. You may request blocking of 900 services. You may be blocked from calling a 900 number for failure to pay legitimate 900 call charges and the Information service provider may seek collection of those charges.

#### Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.



#### CUSTOMER INFORMATION

##### Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

**Closed Captioning:** If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

**Basic Local Telephone Service:** You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

##### 911 Services

If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will *not* be available.

Please review the following website for additional important information about Cox's 911 practices:

<http://ww2.cox.com/business/voice/regulatory/cox>

##### Pay Per Call Charges